

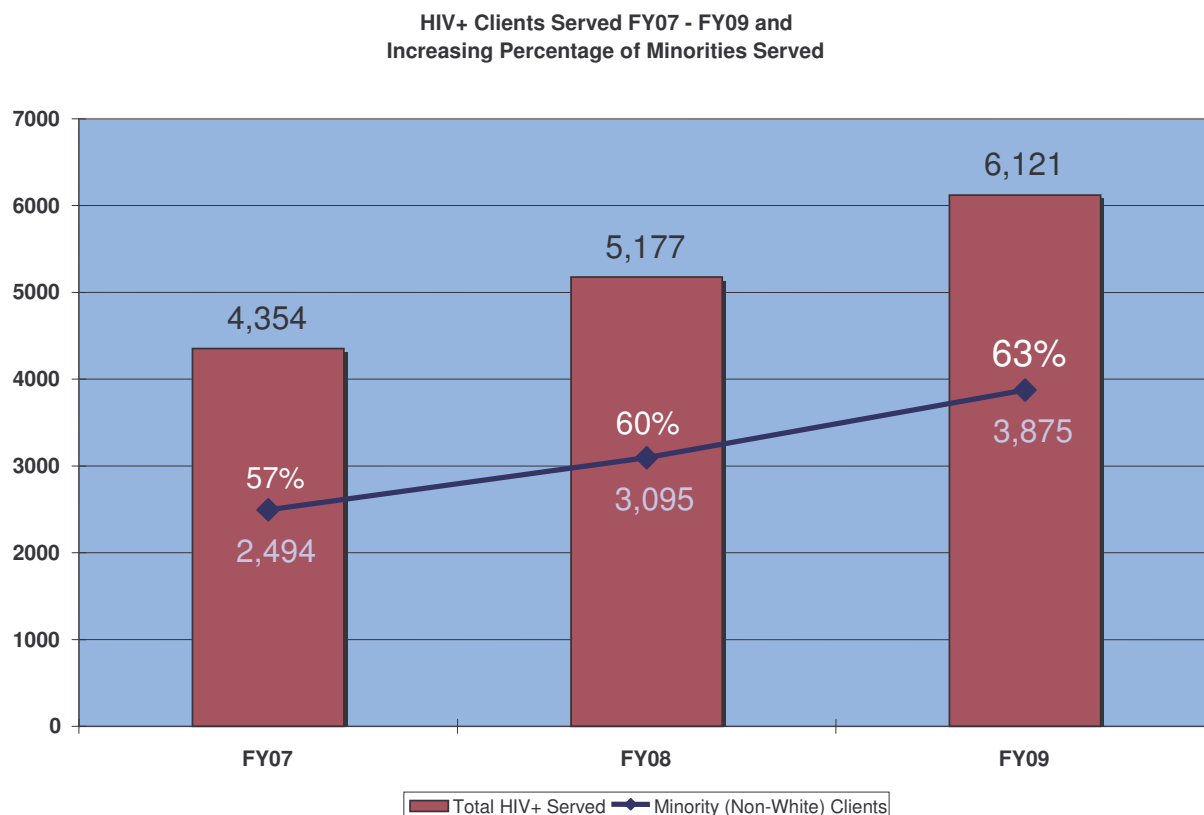
Service Utilization Supplement to 2010 Needs Assessment

Description of Data Sources

The service utilization information for the 2010 Needs Assessment is based on data collected in the centralized CAREWare data system managed by the Continuum of Care Unit of the Michigan Department of Community Health, Division of Health Wellness and Disease Control (MDCH,DHWDC). This CAREWare data system includes client and service information entered by agencies that receive funding from the Ryan White Part B and Part D grants and/or Michigan Health Initiative (MHI) funds for HIV/AIDS care services (Part B/D/MHI). Although the data set includes many of the major HIV/AIDS service organizations, including some statewide programs such as the AIDS Drug Assistance Program (ADAP), the Michigan Dental Program, and the Insurance Assistance Program, it is not an all inclusive statewide database. It does not include data from programs funded by Part A alone or data from the University of Michigan Part C HIV/AIDS Treatment Program. It also does not include information from private physicians and other entities who also serve HIV infected patients but not with Ryan White or MHI funds.

Service to Racial Minorities

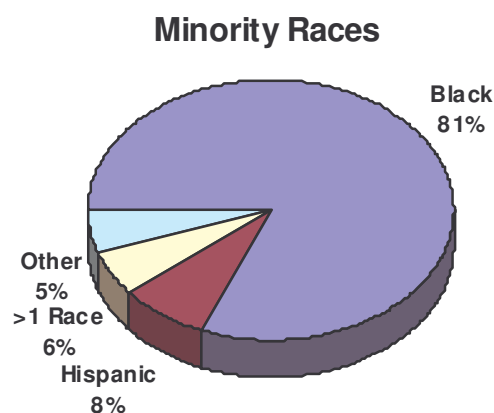
Between FY07 (October 2006-September 2007) and FY09 (October 2008-September 2009), the total number of HIV+ clients reported in CAREWare (by Part B/D/MHI) increased by 41% (4,354 to 6,121). At the same time, the number of minority clients reported increased 55% (2,494 to 3,875), going from 57% of the total served in FY07 to 63% of the total served in FY09.



Service Utilization Supplement to 2010 Needs Assessment

While the number of clients served does increase annually, this increase in numbers also reflects the fact that more service providers are entering data in CAREWare each year. In particular, a large medical service provider located in the City of Detroit, (the Adult HIV/AIDS Program at the Detroit Medical Center, serving over 1,300 HIV+ patients), began using the CAREWare data system in 2009. The addition of this provider to the CAREWare system means that there are more client records in the CAREWare data base, and more of these clients are likely to report minority races because more are residents of the Detroit Eligible Metropolitan Area (Detroit EMA) where the majority of people living with HIV (PLWH) are African American/Black or another minority race.

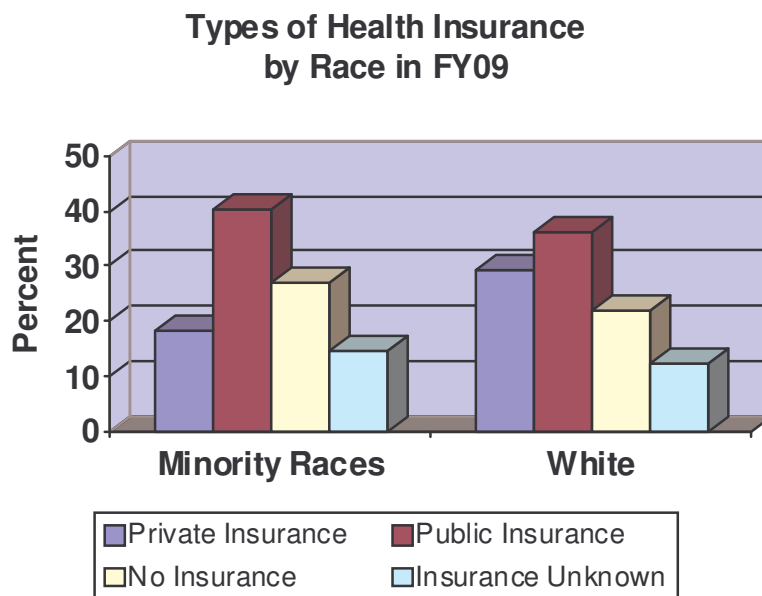
In FY09, 37% of the Part B/D/MHI CAREWare client population was White, and 63% reported a minority race (N=3,875). Minority races for this analysis include any non-White race, including those who report more than one race, and those whose race was not reported. The vast majority of clients included in the Minority group in this CAREWare data set, reported race as Black or African American (81.2%); 8% identified as Hispanic, and 6% reported more than one race. Other minority races (Asian, American Indian, Pacific Islander, Other, and Unknown) were less than 1% for each group.



Insurance Status and Minorities

In FY09, only 18% of Minority clients had private health insurance, compared to 29% of White clients. More Minority clients (40%) depended on publicly funded insurance than did White clients (36%) and Minority race clients were more likely to report no insurance (27%) than White clients (22%).

However, while the number of all clients reporting private insurance increased 43% between FY07 and FY09, the number of Minority race clients who reported having private insurance increased 63% during the same time span. Furthermore, while the increase in the number of clients served between FY07



Service Utilization Supplement to 2010 Needs Assessment

and FY09 was 41%, the number reporting no insurance increased by only 11%. In FY07, 32% reported no insurance but only 25% reported no insurance in FY09. Between FY07 and FY09 there was a 47% increase in the number of clients with public insurance (e.g., Medicaid, Medicare), but among Minority clients the increase was 70%. (It is important to keep in mind that these changes may be a result of better documentation in the CAREWare data, rather than a true change in insurance status for Minority race clients).

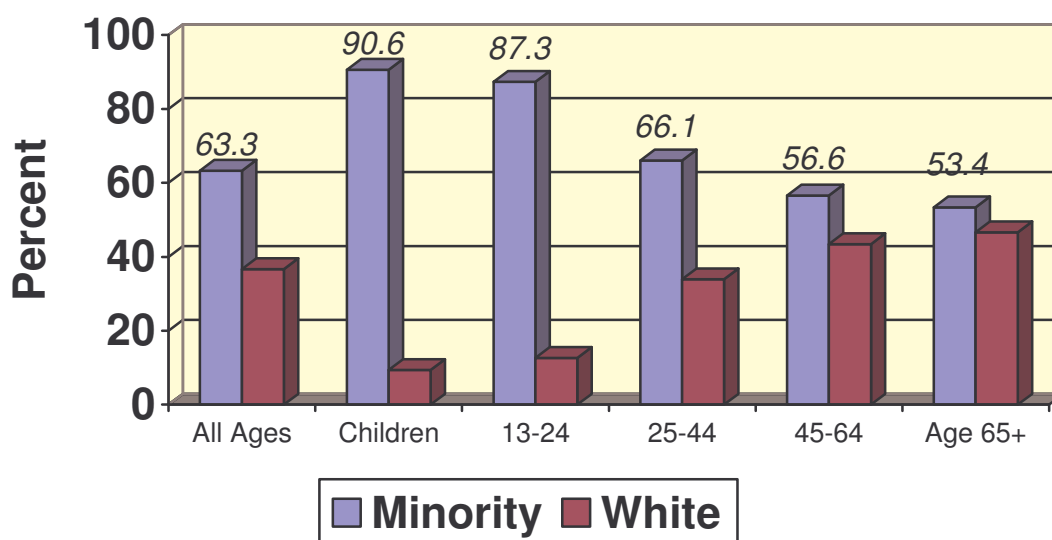
Youth, Ages 13-24

Youth (between the ages of 13 and 24) are approximately 8% of the Part B/D/MHI clients served each year. But among Minority clients, youth are 10 to 11% of those served each year. (A higher proportion of Minority clients fall into the 13 to 24 age group).

Of all HIV+ youth served (by Part B/D/MHI), 87% were Minority races in FY09. In other words, a much higher proportion of youth receiving Part B/D/MHI services are Minority races when compared to the proportion of Minority races found in the total client population (63% in FY09).

In addition, Minority race clients are disproportionately represented in all the younger age groups when compared to their representation in the total HIV client population (or in the general population).

Percent of Minority Races in Each Age Group



Service Utilization Supplement to 2010 Needs Assessment

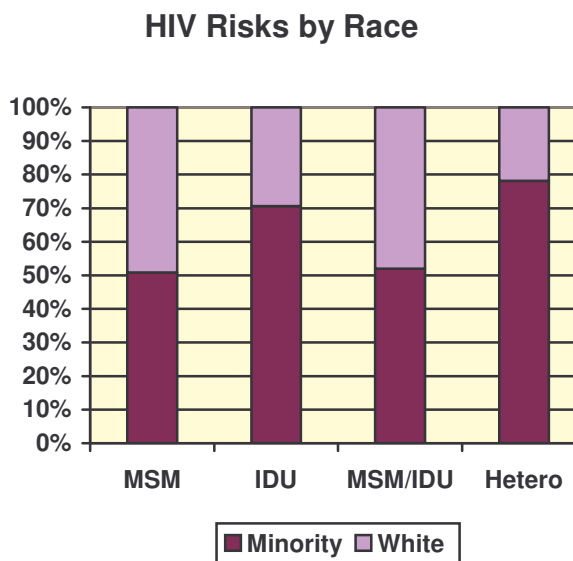
Risk Behavior

Risk behavior information in CAREWare data is based on client self-report and “unspecified” or “unknown” risk was entered for 31% of the Part B/D/MHI clients served in FY09. Although multiple risk factors can be reported for each individual in CAREWare, this analysis uses only the primary risk factor. It is worth noting that of the clients in CAREWare who had a known risk reported in FY09 (N=4,200), 63% are Minority races, and 37% are White. Since this proportion is the same as the racial distribution of the total FY09 CAREWare client group, the population with known risk should be fairly representative of the total FY09 Part B/D/MHI client population.

Of the total who reported a known risk behavior, the most frequently reported was Men who have Sex with Men (MSM) at 50.4% of the total. When combined with the 2.4% who reported both MSM risk and injecting drug use (IDU), 52.8% of clients with risk reported have MSM risks. Next most frequently reported is heterosexual risk at 36.5% of the total. IDU risk was reported by 6.4%.

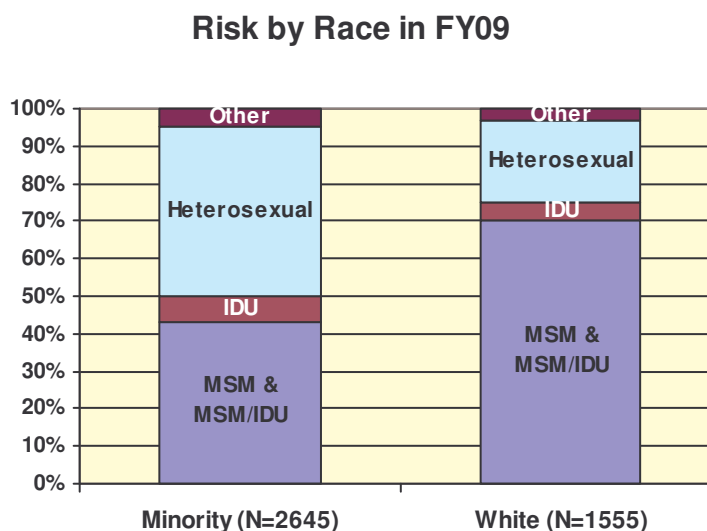
The number of clients who reported MSM risk in FY09 (2,118) was 42% more than the number reported in FY07 (1,487). During this same time range the total number of clients reported in CAREWare increased 41%. In other words, the number of clients reporting MSM risk has maintained the same proportion across the last three fiscal years, growing at the same rate as the general Part B/D/MHI client population as reported in CAREWare. However, just as the proportion of minorities has increased in the total Part B/D/MHI client population, so has the proportion of minorities increased in the MSM client group, though at a faster pace.

MSM of Minority races were 15% of the total CAREWare clients served in FY07 and 18% of the total served in FY09, an apparently small increase in this high risk target population. But this change represents a 68% increase in the number of Minority MSM served in FY09 (1,077) over the number served in FY07 (640). At the same time, the total number of Minority Part B/D/MHI clients increased by only 55% (going from 2,494 to 3,875). Put another way, 43% of the clients reporting MSM risk were non-White clients in FY07, but in FY09, 51% of the MSM risk group were non-White. Among those who reported IDU risk in FY09 (269), 71% were racial minorities, and for clients reporting heterosexual risk, 78% were of Minority races. For those with both MSM and IDU risk, 52% are Minority races.



Service Utilization Supplement to 2010 Needs Assessment

Reported risk behavior is quite different when the White and non-White client groups are compared. Among Minority clients in FY09 who had a known HIV risk recorded in CAREWare (2,645), 45% reported heterosexual risk and 43% reported MSM risk (including those with MSM and IDU risk); 7% reported IDU risk (not including MSM/IDU). In contrast, among White clients with known risk (1,555) in the same data set, MSM risk was reported by 70% (including those who also had IDU risk), and only 22% reported heterosexual risk; IDU was reported by 5% (not including MSM/IDU). Furthermore, perinatal risk is reported for 3.6% of Minority clients and only 0.6% of White clients, while hemophilia or transfusion account for 1.7% of risk reported by White clients and only 0.8% for Minority clients.



Some of these differences may be attributed to the fact that a much higher percentage of females are found in the Minority client group than in the White client group, as described below.

Gender and Race

In the October 2009 *Quarterly HIV/AIDS Report* the gender distribution of persons living with HIV/AIDS in Michigan is 77% male and 23% female. The gender distribution of clients in the Part B/D/MHI CAREWare data for FY09 was the same. But these gender proportions are different when looking at each racial group. African American females are 14% of HIV/AIDS cases, while White females are only 4% of cases. Put another way, 29% of African American PLWH are females but only 13% of White PLWH are females. Among Hispanic PLWH, 22% are females.

These gender discrepancies between race/ethnic groups are similar in the clients served (as reported in Part B/D/MHI CAREWare data). For example, in FY09, 30% of African American clients were female, 23% of Hispanic clients were female and 13% of White clients were female. For all Minority clients, females make up 29% of the total. This means, with regard to gender at least, the clients receiving services are representative of Michigan's PLWH population, and that females are disproportionately represented among Minority clients, just as they are in the HIV/AIDS population as a whole.

The higher proportion of females among Minority clients accounts for some of the differences in the risk behaviors reported in CAREWare, as described above, especially the higher proportion for heterosexual risk and perinatal risk among Minority clients. Another factor might be that

Service Utilization Supplement to 2010 Needs Assessment

there is more stigma associated with MSM risk among Minority races, especially African Americans, so fewer are willing to report this risk behavior.

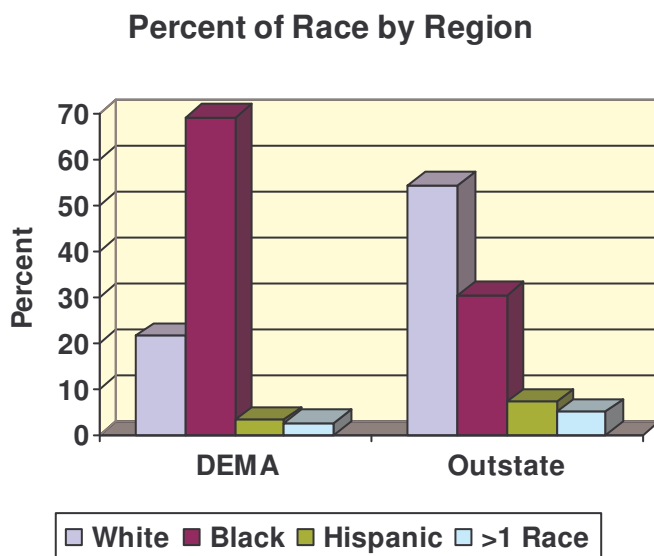
Race by Region

As stated earlier, the CAREWare data set used for this analysis cannot be described as inclusive of all clients receiving Ryan White funded services in Michigan, but it does include data from statewide programs, such as the AIDS Drug Assistance Program, the Michigan Dental Program, the Insurance Assistance Program, and data from several service programs located in the Detroit EMA, such as the Detroit Medical Center Adult HIV/AIDS Program, Children's Hospital of Michigan, and AIDS Partnership Michigan to give a partial list. The data also include records from agencies located outside of the Detroit EMA, who primarily serve residents of the Outstate area (all counties not in the Detroit EMA).

The Outstate area is further divided into logical service regions, based on location of the funded service organizations and the residence of the clients these organizations serve. A description of each region's clients and services follows. This section compares the Outstate area as a whole to the Detroit EMA, always keeping in mind that the data for the Detroit EMA is incomplete since this analysis is based only on the Part B/D/MHI records available in the CAREWare data system, and does not include all Part A programs.

Of the 6,121 clients who received services from the Part B/D/MHI providers in FY09 as reported in CAREWare, 54% were residents of the Detroit EMA and 46% were residents of the Outstate area. The racial distribution of clients by area of residence reflects the disproportionate distribution of race in the State of Michigan, and the disproportionate impact of the epidemic on Minority populations. Detroit EMA clients in the Part B/D/MHI dataset were 22% White and 78% Minority races, while in the Outstate area, 54% of clients were White and 46% were Minority races. Breaking down the Minority race group in more detail, we find that African

Americans are 69.2% of the Detroit EMA clients (in this dataset), Hispanics are 3.2%, and those reporting more than one race are 2.5%. In the Outstate area, African Americans are 30.5% of the total served, Hispanics are 7.2% and clients reporting more than one race were 4.8%.

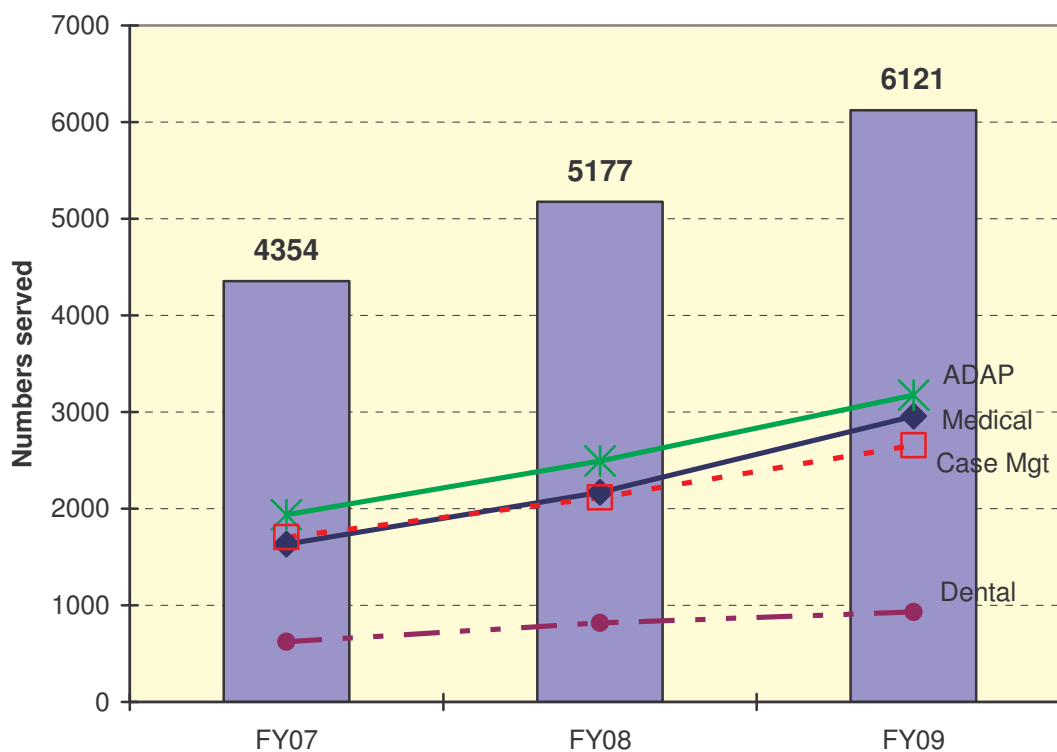


By gender, the regions are more similar, but the proportion of females is higher in the Detroit EMA at 24.3%, compared to 21.5% in the Outstate area. (Transgender clients are less than 1% of the client population in both areas).

Service Utilization Supplement to 2010 Needs Assessment

Service Utilization Patterns

Core Services by Fiscal Year



Just as the total number of clients reported in CAREWare increased each year, so did the number of clients receiving the core services of outpatient medical care, medical case management, drug assistance and dental care. However, the increase in numbers for each of these services was greater than the 41% increase in the total number of clients served between FY07 and FY09. The greatest increase (81%) was for outpatient medical care services, but this is because a large medical provider was added to the CAREWare database in 2009. The number of ADAP clients served increased by 64%, the number of medical case management clients increased by 56%, and the number of dental care clients increased by 49% between FY07 and FY09.

In the FY09 Part B/D/MHI dataset used for this analysis, 2,957 clients (48%) received HIV/AIDS medical care services from one of the funded agencies, with an average of 3.3 visits per client. Although Minority clients were 63% of the total client population, they are only 56% of the total who received outpatient medical care services. Furthermore, the average number of medical visits for Minority clients was 2.8 for the year, compared to an average of 4.1 visits for White clients. White females had the highest service average at 4.5, compared to 2.9 for Minority females. White males had an average of 4 visits during the year, compared to 2.8 for Minority males. These data suggest that clients of Minority races are under-utilizing (or are under-served by) Ryan White funded outpatient medical care services when compared to White clients or to their representation in the client population. (However, not all Ryan White funded outpatient medical care records are included in this CAREWare dataset).

Service Utilization Supplement to 2010 Needs Assessment

Medical case management services were provided to 2,657 (43%) of the clients served by Part B/D/MHI programs in FY09, with an average of 15.7 days of service. Minority clients were 57% of the total served, but had a higher service average (16.9) than White case management clients (14.2). Minority females had the highest service average at 17.5, followed by White females (16.9), and Minority males (16.6). White males had the lowest average at 13.6 visits a year.

The AIDS Drug Assistance Program (ADAP) pays for HIV-related and other medications for eligible Michigan residents. In general, PLWH with Medicaid or another insurance that will pay for HIV medications are not eligible for ADAP (though ADAP may help with co-pays). In FY09 there were 3,177 clients (52% of the Part B/D/MHI client total) who received ADAP services, and 59% were residents of the Detroit EMA. ADAP service units in this analysis are the number of unique dates (visits) when medications were dispensed to ADAP clients by pharmacies or when CD4 or Viral Load tests were done (if paid for by ADAP). A client may have received multiple prescriptions on each service date. The average number of pharmacy visits for FY09 ADAP clients was 11.1. The highest ADAP service average was for White males at 13.8 visits; the lowest was for Minority males at 9.3 visits.

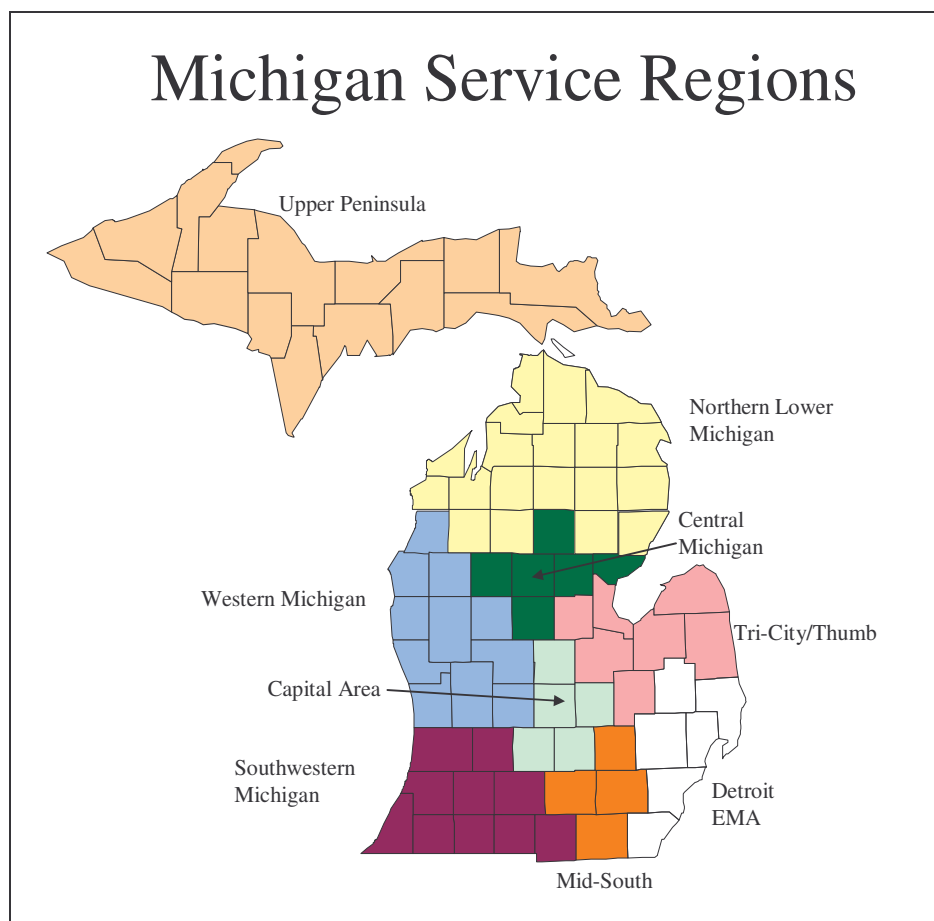
By gender, the ADAP client population in FY09 was 82% male and 18% female, 59% Minority races, and 41% White. These proportions suggest that females and minorities are under-represented in the ADAP, because females are 23%, and Minority races are 63%, of the total Part B/D/MHI client population. This apparent under-utilization may be due, at least in part, to eligibility by these groups for other programs that will pay for HIV medications. Past analyses have shown that a higher proportion of females and Minority race clients have Medicaid (which pays for HIV medications), so fewer in these groups are eligible for (or need) ADAP.

Between FY07 and FY09, the number of clients served by ADAP increased by 64%. During the same time span, the number of Minority clients increased by 80% and the number of female clients increased by 76%. Minority race clients were 53% of the ADAP total in FY07 and are 59% of the total in FY09. Females went from 16.8% to 18% of the total. So, the ADAP has been serving more females and more Minority race PLWH each year.

In FY09, dental services were provided to 929 clients (15.2% of the total served), with an average of 2.9 visits per person. Minority clients were 52% of the total with a service average of 2.8 visits per person. White clients (48%) had a service average of 3.0 visits. By gender, dental clients in FY09 were 82% male and 18% female. These data suggest that females and Minority race clients are under-represented among clients receiving dental services because females are 23% of the client (and total PLWH) population, and Minority races are 63% of the client total. By race and gender, the pattern is similar to the general client population in that a higher proportion of Minority dental clients were female (26%) than among White clients where only 10% were female.

The following pages give more detail about the service utilization patterns in different regions of the State.

Service Utilization Supplement to 2010 Needs Assessment



Service Utilization Summary by Region for Part B/D/MHI in FY09

Client Region of Residence	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Detroit EMA	3,318	1,336	547	1,883	516
Mid-South	288	27	173	177	47
Capital Area	380	320	257	147	57
Southwestern Michigan	424	120	339	218	43
Western Michigan	909	818	677	413	124
Tri-City/Thumb	457	125	392	182	79
Central Michigan	58	54	47	25	6
Northern Lower Michigan	139	82	129	83	34
Upper Peninsula	71	40	59	37	20
Region not specified	77	35	37	12	3
Statewide Total	6,121	2,957	2,657	3,177	929

Service Utilization Supplement to 2010 Needs Assessment

Detroit EMA

The Detroit EMA is comprised of the counties of Wayne, Oakland, Macomb, Monroe, St. Clair, and Lapeer and is the region with the highest number of living HIV/AIDS cases in Michigan (9,219 according to the October 2009 *Quarterly HIV/AIDS Analysis*¹). The CAREWare data used for this analysis represent the services delivered by Part B/D/MHI funded providers to residents of these six counties. The data therefore include only a portion of all Ryan White clients served in the area.

Detroit EMA	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	3,318	1,336	547	1,883	516
Percent of Statewide Total	54%	45%	21%	59%	56%
Percent of Regional Total	100%	40%	17%	57%	15%
Percent Minority	78%	91%	90%	71%	65%
Regional Service Average		2.1	19.3	10.5	3.0
White Service Average		1.8	18.6	13.6	3.1
Minority Service Average		2.1	19.4	9.2	2.9

In FY09 (October 1, 2008 through September 30, 2009), there were 3,318 Detroit EMA residents served by Part B/D/MHI providers. This client population was predominately male (75%) and African American (69.2%). More than three-quarters (78%) of Detroit EMA clients reported a non-White minority race. Youth (ages 13-24) were 9.3% of this client population, a higher proportion than in other parts of the State.

Outpatient medical care services were delivered to 1,336 clients (40% of the regional total) in FY09, with a service average of 2.1 visits per client per year. The great majority (91%) of the medical clients reported a non-White minority race. The medical case management services in the Part B/D/MHI data set are just a fraction of the total case management services delivered in the Detroit EMA. In FY09, there were 547 clients with medical case management in this data set (17% of the regional total) with an average of 19.3 days of service. Ninety percent (90%) of the medical case management clients reported a Minority race.

The AIDS Drug Assistance Program (ADAP) served 1,883 Detroit EMA residents (57% of the region's total, and 59% of all ADAP clients), with a service average of 10.5 pharmacy visits per person. In addition, there were 516 Detroit EMA residents who received dental care services (56% of all dental clients in FY09), with a service average of 3 visits a year.

In most cases, except for case management, the service average for Minority clients is lower than for White clients. Also, although 78% of the Part B/D/MHI clients in the region report a Minority race, only 71% of ADAP clients and 65% of dental care clients report a Minority race. At the same time, a much higher percentage of medical (91%) and medical case management clients (90%) in the region are Minority races.

¹ Table 7. Prevalent HIV/AIDS Cases According to County of Residence at Diagnosis, pg. 8.

Service Utilization Supplement to 2010 Needs Assessment

Mid-South Region

The Mid-South service area is made up of Washtenaw, Jackson, Livingston and Lenawee counties. The October 2009 *Quarterly HIV/AIDS Analysis* reports that there are 669 PLWH who were residents of the area at diagnosis. The Part B funded provider located in the area is the HIV/AIDS Resource Center (HARC). (The CAREWare data used for this analysis do not include client and service records from the University of Michigan Part C HIV/AIDS Treatment Program and therefore represent only a portion of all Ryan White clients served in the region).

Mid-South Region	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	288	27	173	177	47
Percent of Statewide Total	5%	1%	7%	7%	5%
Percent of Regional Total	100%	9%	60%	62%	16%
Percent Minority	44%	44%	53%	41%	34%
Regional Service Average		3.0	11.6	12.7	3.7
White Service Average		2.9	9.2	13.6	3.6
Minority Service Average		3.3	13.7	11.3	3.8

In FY09, 288 residents of Mid-South counties received services, or approximately 5% of all Part B/D/MHI clients served for this time span and 43% of the number of PLWH diagnosed in the region. Most of these clients were White (55.6%) and male (77.4%), and between the ages of 25 and 44 (51.4%). The proportion of clients in the 25-44 age group is higher in Mid-South than in other service regions.

In FY09 there were 27 Mid-South clients who received Part B/D/MHI outpatient medical services, with a service average of 3 visits a year. (The clients receiving medical care from the University of Michigan are not part of the CAREWare data used for this analysis, so residents with Ryan White medical services are under-counted in the region). Minority race medical clients have a higher service average than do White clients and are proportionally represented.

During the same time span, 173 Mid-South residents received medical case management services (60% of the regional client total). Fifty-three percent (53%) of case management clients reported a Minority race. The service average for all medical case management clients was 11.6 days of service. Minority race clients had a higher service average for case management than White clients, at 13.7 days compared to 9.2.

The ADAP served 177 Mid-South residents (62% of the regional client total) during FY09, at an average of 12.7 pharmacy visits per client. Minority clients are somewhat under-represented at 41% of the ADAP total for the region, and also had a lower service average than White ADAP clients. Dental services were provided to 47 Mid-South residents (5% of all FY09 dental clients and 16% of the regional client total) with an average of 3.7 visits each. The service average was about the same for White (3.6) and non-White clients (3.8), but only 34% of dental clients from this region were non-White.

Service Utilization Supplement to 2010 Needs Assessment

Capital Area

The Capital Area includes the counties of Clinton, Ingham, Eaton, Shiawassee and Gratiot counties. The Part B/MHI funded providers in the area are the Lansing Area AIDS Network and the Ingham County Health Department. The *Quarterly HIV/AIDS Analysis* of October 2009 reported 518 PLWH who were residents in this region at HIV diagnosis.

Capital Area	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	380	320	257	147	57
Percent of Statewide Total	6%	11%	10%	5%	6%
Percent of Regional Total	100%	84%	68%	39%	15%
Percent Minority	42%	42%	48%	41%	33%
Regional Service Average		4.6	18.5	12.5	2.9
White Service Average		4.5	18.4	14.8	3.2
Minority Service Average		4.7	18.7	8.9	2.2

In FY09, 380 Capital Area residents received services from Part B/D/MHI funded programs (6% of the total served, and 73% of the number of reported PLWH in the region). Most clients were male (80%) and White (58%) and between the ages of 45 to 64 (47%).

Outpatient medical care services were provided to 320 residents of the area at an average of 4.6 visits each. This represents 84% the regional client total. Many clients also received medical case management services (257 or 68% of the regional total) at an average of 18.5 days of service. Clients of Minority races were proportionally represented and had about the same service average as White clients among medical clients and medical case management clients.

The ADAP served 147 Capital Area residents (39% of the regional total) at an average of 12.5 pharmacy visits. Minority clients are proportionally represented but have a lower service average (8.9) than do White ADAP clients (14.8) who are residents in the region.

Dental care services were delivered to 57 clients (6% of all FY09 dental clients and 15% of the regional client total). Dental visits averaged 2.9 per person in this region. Minority races are under-represented among dental clients and have a lower service average.

Ingham County was an area identified as having a high unmet need in an unmet need analysis conducted in 2006. The addition of the Ingham County Health Department HIV/AIDS clinic to the Part B/D/MHI service network has expanded outpatient medical care services in the county. In FY09 300 Ingham residents were served, or 73% of the number of identified cases (411). This is an increase of 27% over the number served in FY07.

Service Utilization Supplement to 2010 Needs Assessment

Southwestern Michigan

The Southwestern Michigan service region includes Allegan, Barry, Berrien, Branch, Calhoun, Cass, Hillsdale, Kalamazoo, St. Joseph, and Van Buren counties and is served by Community AIDS Resources and Education Services (CARES) at two sites, located in Kalamazoo and Benton Harbor. As of October 2009 (*Quarterly HIV/AIDS Analysis*) there were 769 PLWH who were residents of this region when diagnosed with HIV, or 5.4% of the statewide total, with most of the cases living in Kalamazoo (283), Berrien (231) or Calhoun (111) counties.

Southwestern Michigan	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	424	120	339	218	43
Percent of Statewide Total	7%	4%	13%	7%	5%
Percent of Regional Total	100%	28%	80%	51%	10%
Percent Minority	46%	50%	50%	43%	28%
Regional Service Average		2.8	12.4	11.8	2.5
White Service Average		3.2	12.0	13.3	2.7
Minority Service Average		2.4	12.9	9.7	2.0

In FY09, 424 regional residents received services from Part B/D/MHI funded providers (7% of the total served, and 55% of the number of reported cases in the region). Most of these clients were male (77%) and White (54%) and between the ages of 25 and 44 (48%). A fairly high proportion of clients (6.4%) reported Hispanic race/ethnicity, and 32% were African American/Black.

Outpatient medical care services were provided to 120 (28% of the regional client total) with a service average of 2.8 visits each. Half (60) of the medical clients were White and half were Minority races, but the service average for White clients was 3.2 compared to 2.4 for Minority clients.

Most Southwestern Michigan clients (80% or 339) received medical case management services in FY09, and the service average was 12.4 days of service. Again, half of these clients were White and half were Minority races, but in this case the service average for Minority clients was higher, at 12.9 days compared to 12.0 for White clients.

The ADAP served 218 residents of the region (7% of all FY09 ADAP clients, and 51% of the regional client total), with a service average of 11.8 pharmacy visits. Minority clients were under-represented among the region's ADAP clients at 43% of the total and also had a lower service average (9.7) than did White clients (13.3).

Dental care services averaging 2.5 visits were provided to 43 regional residents (5% of all dental clients and 10% of regional clients). Only 28% of the dental clients in this region were Minority races. Access to dental care was one of the highest unmet needs identified by respondents from this region in the Needs Assessment Survey. Ryan White dental care services reach approximately 15% of the Part B/D/MHI clients in most regions of the State, but only 10% of Southwestern Michigan clients received dental services in FY09.

Service Utilization Supplement to 2010 Needs Assessment

Western Michigan

The Western Michigan service region includes 11 counties, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana and Ottawa. According to the October 2009 *Quarterly HIV/AIDS Analysis*, there are 1,088 PLWH who were residents of these counties at diagnosis, or 7.7% of the statewide reported prevalence. The region is served by several Part B/D/MHI service providers including two clinical sites, Saint Mary's Special Immunology Services in Grand Rapids and Trinity Health's McClees Clinic in Muskegon. Also serving the area is Westminster Food Pantry and District Health Department #10.

Western Michigan	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	909	818	677	413	124
Percent of Statewide Total	15%	28%	26%	13%	13%
Percent of Regional Total	100%	90%	75%	45%	14%
Percent Minority	49%	47%	50%	43%	39%
Regional Service Average		4.6	8.0	12.0	3.1
White Service Average		4.1	8.8	14.1	3.2
Minority Service Average		4.9	7.2	9.4	3.0

In FY09 there were 909 residents served by the Part B/D/MHI funded providers (84% of the number of PLWH in the region, and 15% of the total number of clients served statewide). Most (78%) of the region's clients were males but the race of clients was fairly evenly split between White (51%) and non-White (49%). Nearly 11% of the clients served were Hispanic, and 31% were African American/Black. An equal number (421) were reported for the age groups of 25 to 44 and 45 to 64, (46.3% of the regional client total for each group).

Not surprisingly, with two medical providers in the area, 90% of the clients (818) had medical care services in FY09. The service average for the region was 4.6 visits but Minority race clients had a somewhat lower service average (4.1) than White clients (4.9).

Medical case management services were provided to 677 clients in FY09, (75% of regional clients) with an average of 8.0 days of service. Again, Minority race clients had a lower service average (7.2) than White clients (8.8). The medical case management service average is lower in the Western Michigan region than in other service regions, but for medical care the service average is among the highest.

The ADAP served 413 Western Region residents in FY09 (13% of all ADAP Clients and 45% of the regional client total). The ADAP service average for the region was 12 pharmacy visits per client, but the average is considerably lower for Minority race clients (9.4) than for White clients (14.1).

Dental services were provided to 124 clients (14% of the region's clients and 13% of all FY09 dental clients), with a service average of 3.1 visits per client. Dental clients in the region were 61% White and only 39% non-White, but the service average was about the same for each group (3.2 and 3.0 respectively).

Service Utilization Supplement to 2010 Needs Assessment

Tri-City/Thumb

The Tri-City/Thumb service area includes the counties of Bay, Saginaw and Genesee, where the cities of Bay City, Saginaw and Flint are located. It also includes Midland County and three counties of the Thumb area, Huron, Tuscola and Sanilac. Genesee County has the highest reported prevalence at 501 living cases (as of October 2009). The region has 787 PLWH who were residents of the region at diagnosis (5.5% of statewide living cases), according to the *Quarterly HIV/AIDS Analysis*.

Tri-city/Thumb	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	457	125	392	182	79
Percent of Statewide Total	8%	4%	15%	6%	9%
Percent of Regional Total	100%	27%	86%	40%	17%
Percent Minority	55%	52%	58%	40%	49%
Regional Service Average		4.8	25.2	10.6	2.4
White Service Average		5.1	20.2	12.1	2.8
Minority Service Average		4.5	28.7	8.5	2.0

Agencies that provide care services funded by Part B/D/MHI in the region are Wellness AIDS Services in Flint, Health Delivery Inc., in Saginaw, and Sacred Heart's Bay Area Social & Intervention Services (BASIS) in Bay City. In FY09, 457 regional residents received Part B/D/MHI services (58% of the number of PLWH in the region and 7.5% of the statewide client total). Most of the region's clients were male (78%), and 54.5% were a Minority race (41% African American, 5% Hispanic, and 8% reported more than one race). The vast majority of clients (93%) were between the ages of 25 and 64, with an almost equal number in the 25-44 age group as in the 45-64 age group.

There were 125 clients that received outpatient medical care services in this region (27.4% of the region's clients) with a service average of 4.8 visits. As in most other parts of the State, the service average for Minority race clients was lower (4.5) than for White clients (5.1). Medical case management services were provided to 392 PLWH in FY09 (86% of the region's clients), and the case management service average for the region was 25.2 days of service. In this case, Minority race clients had a higher service average (28.7) than White clients (20.2). This area had the highest case management service average in the State.

The ADAP served 182 regional residents (40% of the region's clients and 6% of FY09 ADAP clients). The ADAP service average for the region was 10.6 pharmacy visits. Minority race clients had a considerably lower service average (8.5) than did White clients (12.1). (This may indicate a shorter period of ADAP eligibility for Minority clients who may have been able to transition to Medicaid coverage for medications). Dental services were reported for 79 residents of this region (17% of the regional client total and 8.5% of all FY09 dental clients). The dental service average in the region was 2.4 visits. Dental clients in the region were 51% White and 49% non-White. The service average for non-White clients was 2.0 visits compared to 2.8 visits for White clients.

Service Utilization Supplement to 2010 Needs Assessment

Central Mid-Michigan

The Central Mid-Michigan service region is a low-incidence area comprised of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon counties. According the October 2009 *Quarterly HIV/AIDS Analysis* there were 66 persons living with HIV in this region of the State, or less than 1% of the total reported cases. There is one Part B/D/MHI provider located in this region, the Central Michigan District Health Department, but Central Michigan residents may be served by agencies in other parts of the State.

Central Mid-Michigan	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	58	54	47	25	6
Percent of Statewide Total	1%	2%	2%	1%	<1%
Percent of Regional Total	100%	93%	81%	43%	10%
Percent Minority	21%	20%	13%	28%	33%
Regional Service Average		3.3	19.6	13.8	2.0
White Service Average		3.5	20.4	12.7	2.0
Minority Service Average		2.3	13.8	16.7	2.0

In FY09 there were 58 Central Michigan residents who received Part B/D/MHI services (87.8% of the region's reported cases). Most were White (79%) and male (81%) and between the ages of 25 and 44 (48%).

Medical care services were reported for 93% of the region's clients (54) with a service average of 3.3 visits, and medical case management was provided to 47 clients (81%) with a service average of 19.6 days of service. The proportion of medical clients who are Minority races (20%) is representative of the total client population, but only 13% of the case management clients are a Minority race.

The ADAP served 25 clients who reside in this area with a service average of 13.8 pharmacy visits. Dental care was provided to 6 clients at a service average 2 visits each. In this region, the proportion of Minority clients in ADAP and dental care is higher than the representation in the general regional client population, but the percentage of clients that utilized dental care (10%) is lower than the statewide average.

Service Utilization Supplement to 2010 Needs Assessment

Northern Lower Michigan

The Northern Lower Michigan service area is a large area covering 19 of the most northern counties of the Lower Peninsula. These include Benzie, Leelanau, Grand Traverse, Wexford, Missaukee, Kalkaska, Crawford, Oscoda, Ogemaw, Iosco, Alcona, Alpena, Montmorency, Otsego, Antrim, Charlevoix, Emmet, Cheboygan, and Presque Isle. According to the October 2009 *Quarterly HIV/AIDS Analysis* there are 150 persons living with HIV in this part of the State (based on residence at diagnosis), or 1% of the statewide total. The Thomas Judd Clinic at the Munson Medical Center is the Part B/D/MHI funded provider located in this region.

Northern Lower Michigan	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	139	82	129	83	34
Percent of Statewide Total	2%	2%	5%	3%	4%
Percent of Regional Total	100%	59%	93%	60%	25%
Percent Minority	22%	21%	23%	27%	18%
Regional Service Average		2.4	18.3	13.3	2.5
White Service Average		2.5	18.9	14.8	2.6
Minority Service Average		2.4	16.2	9.1	2.0

There were 139 regional residents served in FY09 (92.6% of the region's reported cases and 2.3% of the total Part B/D/MHI clients served for the year). Most clients were male (81%) and White (78%). There was an equal number (66) of clients in both the 25-44 age group and the 45 to 64 age group.

Medical case management was provided to 129 (93%) of the clients with a service average of 18.3 days of service. Outpatient medical care was reported for 82 clients (59%) with a service average of 2.4 visits.

The ADAP provided medications for 83 regional residents (60%) with a service average of 13.3 pharmacy visits. Although a higher percentage of the region's ADAP clients report a Minority race (27%) than in the total regional client population (22%), the service average for Minority clients is considerably lower (9.1) than for White clients (14.8).

There were 34 Northern Lower Michigan clients who had dental care services, with an average of 2.5 visits each. A quarter (25%) of the region's clients received dental care services, the highest proportion for any service region except the Upper Peninsula. Only 18% of the region's dental clients reported a Minority race and the dental service average is lower for this group (2.0) than for the White dental clients (2.6).

Service Utilization Supplement to 2010 Needs Assessment

Upper Peninsula

All counties of Michigan's Upper Peninsula are included in this very large but low incidence service region. According to the October 2009 *Quarterly HIV/AIDS Analysis* there are 66 people living with HIV/AIDS who resided in this part of the State at the time of diagnosis, or less than 1% of total statewide reported cases. The Marquette County Health Department is the Part B/D/MHI funded provider for this service region.

Upper Peninsula	Client Total	Outpatient Medical	Medical Case Mgt	ADAP	Dental
Total Regional Clients	71	40	59	37	20
Percent of Statewide Total	1%	1%	2%	1%	2%
Percent of Regional Total	100%	56%	83%	52%	28%
Percent Minority	13%	18%	15%	14%	10%
Regional Service Average		2.6	16.9	13.3	1.7
White Service Average		2.4	14.9	13.8	1.8
Minority Service Average		3.4	27.8	10.0	1.0

In FY09 there were 71 HIV+ residents of the Upper Peninsula who received services according to the CAREWare data (5 more than reported living cases). In this case, some clients may have been reported more than once in the CAREWare data, or some clients who resided in other counties at the time of diagnosis are now living in the Upper Peninsula. It is also possible that some clients have been assigned to the wrong region because of incorrect zip code data in CAREWare.

Of the 71 residents who received services in FY09 according to CAREWare, 87% were White, 82% were males, and most (49%) were between the ages of 45 and 64. This region has the lowest percentage of Minority clients.

Outpatient medical care services were provided to 40 clients (56% of the regional client total) at a service average of 2.6 visits during the year. Minority race clients have a higher service average (3.4) than do the White clients (2.4).

Medical case management services were provided to 59 clients (83% of the regional client total) with a service average of 16.9 days of service. Minority race clients had a higher service average (27.8) than White case management clients.

The ADAP provided services to 37 Upper Peninsula residents (52% of the regional client total) who had an average of 13.3 pharmacy visits each. Dental care was provided to 20 Upper Peninsula clients (28% of the regional client total) at a service average of 1.7 visits each.